

Amendment No. _____

Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 2134

House Bill No. 2048*

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 10, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Complex rehabilitation technology" has the same meaning as defined in § 71-5-159;

(2) "Health benefit plan" means health insurance coverage as defined in § 56-7-109; and

(3) "Health insurer" means a health insurance entity as defined in § 56-7-109.

(b) A health insurer that offers a health benefit plan that provides coverage of complex rehabilitation technology:

(1) Shall not consider the location where the complex rehabilitation technology will be used when making a determination of medical necessity; and

(2) Shall offer covered persons a prior authorization process that reviews billable codes and provides coverage determinations for complex rehabilitation technology.

(c) If a health insurer notifies a person who is covered under a policy or contract for a health benefit plan that includes complex rehabilitation technology benefits and coverage that complex rehabilitation technology equipment that was approved in a prior authorization will be fully funded under the health benefit plan, then, as long as the



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person remains covered under the policy or contract at the time the complex rehabilitation technology is delivered to the person, the health insurer:

(1) Shall pay one hundred percent (100%) of the amount approved in the prior authorization, subject to applicable copayment, coinsurance, or deductible requirements as provided in the policy; and

(2) Shall not seek payment or reimbursement from the covered person, a complex rehabilitation technology vendor, or another party involved with the sale or delivery of the complex rehabilitation technology.

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it, and applies to contracts entered into, issued, amended, or renewed on or after that date.

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AMEND Senate Bill No. 2647

House Bill No. 2625*

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) The bureau of TennCare shall study the impact of a policy that requires automatic enrollment of full benefit dual enrollees into a medicare dual special needs plan (D-SNP). The study must examine the impact of such a policy to beneficiaries and the impact to medicare products and services available to the beneficiaries. The bureau shall submit the results of the study to the chair of the insurance committee of the house of representatives, the chair of the commerce and labor committee of the senate, and the legislative librarian no later than January 1, 2023.

(b) Unless authorized by a joint resolution of the general assembly, the bureau of TennCare shall not:

(1) Implement a policy described under subsection (a); or

(2) Reduce current medicare dual special needs plans approved on or

before January 1, 2022.

SECTION 2. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

In order to ensure that TennCare enrollees have access to quality healthcare options in each region of the state, a managed care organization (MCO) contracting with the bureau of TennCare shall not serve more than one-fourth (1/4) of all TennCare enrollees. If the bureau is not in compliance with this section on the effective date of this



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act, then the bureau shall enter into additional MCO contracts within thirty (30) days of the effective date of this act.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it.

House Insurance Subcommittee Am. #1

Amendment No. _____

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AMEND Senate Bill No. 2330*

House Bill No. 2456

by deleting "January 1, 2023" in subsection (c) in SECTION 1 and substituting "January 31, 2023".



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Amendment No. _____

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AMEND Senate Bill No. 1906*

House Bill No. 1973

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) As used in this section:

(1) "Bureau" means the bureau of TennCare;

(2) "Director" means the director of TennCare;

(3) "Healthcare provider" means a healthcare professional who is licensed, registered, certified, or permitted pursuant to title 63 and regulated under the authority of either the department of health or an agency, board, council, or committee attached to the department of health; and

(4) "Remote patient monitoring services for maternal health":

(A) Means the use of digital technology:

(i) To collect medical and other forms of health data from a patient and electronically transmitting that information securely to a healthcare provider in a different location for interpretation and recommendation; and

(ii) Through a device that is compliant with the federal Health Insurance Portability and Accountability Act of 1996, (42 U.S.C. § 1320d et seq.), and approved by the federal food and drug administration; and

(B) Includes a device that:



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(i) Performs remote fetal, nonstress tests to measure maternal heart rate, fetal heart rate, and fetal movement; and

(ii) Measures physiological data, including blood pressure, pulse, pulse oximetry, weight, blood glucose levels, or other physiologic data determined to be medically necessary.

(b) The bureau shall develop and implement a pilot program during fiscal years 2022-2023, 2023-2024, and 2024-2025 to provide:

(1) Remote patient monitoring services for maternal health to a TennCare recipient who meets the eligibility criteria of subsection (c);

(2) Medically necessary remote patient monitoring services for maternal health to a TennCare recipient eligible under subsection (c) for up to twelve (12) months postpartum; and

(3) Payment to healthcare providers who provide remote patient monitoring services for maternal health that includes the cost of the remote patient monitoring devices being used.

(c) A TennCare recipient is eligible to receive remote patient monitoring services for maternal health pursuant to the pilot program established by this section, if:

(1) The recipient is pregnant;

(2) The recipient's healthcare provider determines that remote patient monitoring services for maternal health are medically necessary;

(3) The recipient's healthcare provider determines:

(A) The recipient has an increased likelihood of experiencing a higher-risk pregnancy due to the presence of:

(i) Existing health conditions, such as high blood pressure, polycystic ovary syndrome, diabetes, kidney disease, autoimmune disease, thyroid disease, obesity, HIV/AIDS, or Zika infection;

(ii) Age factors, including teenage pregnancy or pregnancy after thirty-five (35) years of age;

(iii) Lifestyle factors, such as alcohol, tobacco, or drug use; or

(iv) Conditions of pregnancy, including multiple gestation, gestational diabetes, preeclampsia, eclampsia, previous preterm births, or birth defects or genetic conditions in the fetus;

(B) The recipient lives in a county without a licensed obstetrician/gynecologist who participates in TennCare; or

(C) The recipient's healthcare provider determines the recipient lacks reliable transportation to access the healthcare provider; and

(4) The remote patient monitoring services meet the criteria of § 71-5-144.

(d) The director is authorized to seek a federal waiver that the director determines is necessary to implement the pilot program described in this section.

(e) The pilot program created by this section terminates June 30, 2025.

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it.

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AMEND Senate Bill No. 2150

House Bill No. 2109*

by deleting all language after the caption and substituting:

WHEREAS, doulas are non-medical professionals who provide emotional and physical assistance in different aspects of reproductive health; and

WHEREAS, doulas provide additional support during the prenatal period, labor and delivery, and postpartum period; and

WHEREAS, doulas can improve cultural congruency, greater access to linguistic needs, and an understanding of the challenges faced by communities experiencing the highest burden of birth disparities; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. The department of health shall collaborate with the bureau of TennCare to study existing doula certification programs. This collaboration must review the training and quality requirements of doula certifications and consider potential recommendations regarding doula services for populations most at risk for poor perinatal outcomes. The department of health and the bureau of TennCare may receive input from parties concerned with this study. The department and the bureau shall provide a report on the study to the members of the general assembly and to the legislative librarian by December 31, 2022. As used in this act, "doula services" means services provided by a trained non-medical professional to support women and families throughout labor and birth, and intermittently during the prenatal and postpartum periods.

SECTION 2. This act takes effect July 1, 2022, the public welfare requiring it.



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House Insurance Subcommittee Am. #1

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AMEND Senate Bill No. 2461*

House Bill No. 2879

by deleting all language after the enacting clause and substituting:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 32, is amended by adding the following as a new section:

A violation of this part may subject the pharmacy benefits manager or covered entity to the sanctions described in § 56-2-305.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.



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